



Dream Maker Program

Application

Please complete this application and include a narrative telling us about your “Dream” or your loved ones “Dream”. The completed application should be mailed or faxed to:

Dream Maker Program
Jefferson House
1 John H. Stewart Drive
Newington, CT 06111
Fax: (860) 667-4459

For additional information, please contact the Jefferson House Social Service Department at (860) 667-4453.

Recipient (Who the “Dream” is for)

Date

Name of person completing this application

Relationship to recipient

Telephone number of person completing this application

Signature of person completing this application

My Dream Is... (you may attach additional pages if needed):